## UNITED STATES DISTRICT COURT

## DISTRICT OF OREGON

Lee Walters, MD	. et al. Plaintiff(s),	Case No.: 3:14-cv-01	173-JR
v.		APPLICATION FOI ADMISSION – PRO	
Vitamin Shoppe,	Inc., et al.		
	Defendant(s).		
A	application for <i>Pro Hac Vice</i> Ad	- mission and CM/ECF Re	gistration
Attorn	ey Amit Rana	requests special	admission pro hac
vice to the Bar	of the United States District Cou	rt for the District of Orego	n in the above-
captioned case	e for the purposes of representing e, Inc., et al.	the following party(s):	
In supr	port of this application, I certify th	at: 1) I am an active memb	per in good standing
with the Califo		have read and am familian	
***************************************	ence, the Federal Rules of Civil an		
	s Court's Statement of Professiona		
	rstand that my admission to the Ba		rict Court for the
	gon is solely for the purpose of li		
	on the conclusion of the matter.		
•	PERSONAL DATA:		
(1)	Name: Rana	Amit	
	(Last Name)	(First Name)	(MI) (Suffix)
	Agency/firm affiliation: Venable	e LLP	
	Mailing address: 101 California	Street, Suite 3800	
	City: San Francisco	State: CA	Zip: 94111
	Phone number: (415) 653-3750	Fax number:	(415) 653-3755
	Business e-mail address: arana@		

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(2)	BAR ADMISSION INFORMATION:	
	State bar admission(s), date(s) of admission, and bar number(s): California SB #291912, admitted December 2013	
	(b) Other federal court admission(s) and date(s) of admission: USDC, Northern District, CA, admitted 07/17/2014	
	USDC, Central District, CA admitted 12/14/2016	
(3)	CERTIFICATION OF DISCIPLINARY ACTIONS:	
V	I am not now, nor have I ever been subject to any disciplinary action by any state or federal bar association.	
	I am now or have been subject to disciplinary action by a state or federal bar association. (See attached letter of explanation.)	
(4)	CERTIFICATION OF PROFESSIONAL LIABILITY INSURANCE:	
	Pursuant to LR 83-3, I have professional liability insurance, or financial responsibility equivalent to liability insurance, that meets the insurance requirements of the Oregon State Bar for attorneys practicing in this District, and that will apply and remain in force for the duration of the case, including any appeal proceedings.	
(5)	CM/ECF REGISTRATION:	
	I acknowledge that I will become a registered user of the Court's case management and electronic case filing system (CM/ECF) upon approval of this application, and I will receive electronic service pursuant to Fed. R. Civ. P. 5(b)(2)(E) and the Local Rules of the District of Oregon.	
	Attorney Seeking <i>Pro Hac Vice</i> Admission: I have read and understand the LR 83-3, and I certify that the above information is true and correct.	
DATED	: 04/02/2019	
	(Signature)	

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## REQUIREMENT TO ASSOCIATE WITH LOCAL COUNSEL:

and the second s	waiver of the requireme	ent under LR 45-1.	vith local c	ounsel,
To request a waiver following box:	of the requirement to a	ssociate with local counsel under	er LR 45-1	, check the
Court did no requirement	ot issue. Pursuant to LR	pose of filing a motion related to 45-1(b), I request a waiver of to counsel and therefore do not ince tion.	he LR 83-3	3(a)(1)
To associate with lo counsel.	ocal counsel, complete the	he following section and obtain	the signatu	are of local
Name: Colton		Chad	M.	
- Committee	(Last Name)	(First Name)	(MI)	(Suffix)
OSB number: 0657	74			
Agency/firm affiliat	ion: Markowitz Herbold F	PC		
Mailing address: 1	211 SW Fifth Avenue, Sui	te 3000		
City: Portland		State: OR	Zip:	97204-3730
Phone number: (503	295-3085	Fax number:		
Business e-mail add	ress: ChadColton@Marke	owitzHerbold.com		
CERTIFICATION  I certify that I am a	OF ASSOCIATE LO			
DATED: 04/02/2019		_·		

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(Signature of Local Counsel)

COURT ACTION	
Application for <i>pro hac vice</i> admission by Amit Rana 3:14-cv-01173-JR is hereby:	in case number:
<ul><li>□ Approved subject to payment of fees.</li><li>□ Denied.</li></ul>	
DATED:	
Judge	